

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

**See Instructions and *Privacy
Statement On Reverse Side**

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CLAIMANT'S NAME Alan Trounson		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM	
POSITION President	CB/ID No.	DIVISION or BUREAU OOP		INDEX NUMBER 3000
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9105
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA
				ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.510
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(4) MONTH/YEAR 5/11		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
4	13:00	LA-Sao Paolo, Brazil										0.00		0.00
5		Sao Paolo, Brazil		16.93						25.09		0.00	45.78	87.80
6		Sao Paolo, Brazil		32.20								0.00		32.20
9		Rio de Janiero, Brazil										0.00		0.00
10		Sao Paolo, Brazil			42.76							0.00	88.49	131.25
11	24:00	Sao Paolo, Brazil-SF			53.15							0.00		53.15
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	49.13	95.91	0.00	0.00	0.00		25.09	0.00	0.00	134.27	304.40
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$304.40

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

5/4-11 CIRM presentation and participation in Stem Cell Workshop at the Sirio-Libanes Hospital Teaching and Research Institute; collaborative funding meetings at the Department of Genetics and Biologic-University of Sao Paolo

201000809

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 7/25/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 7/28/2011
(17) SIGNATURE and TITLE (See Item 17 on reverse)		DATE	